

INSTRUCTIONS:

- This certificate must be completed by the Contractor's insurance agent, broker or insurer and submitted to Infrastructure **prior to commencement of any activities** by the Contractor on site. Refer to the Insurance Conditions in the Contract Documents for detailed description of insurance requirements, including required coverages.
- Insurer's or broker's certificate of insurance form is **not acceptable** in lieu of this Infrastructure form.
- It is understood that this certificate of insurance is issued as information an accurately depicts coverages afforded by the policies described herein.
- Only complete the sections of this certificate that are applicable to the requirements specified in the Contract identified below.
- Submit completed certificate to:

**Tender Administrator
Infrastructure
Procurement Services
2nd Floor (2700), 6950 – 113 Street NW
Infrastructure Building
Edmonton, Alberta T6H 5V7**

Identification of Insured

Contractor's Name		
Contractor's Address		
City / Town	Province	Postal Code

Identification of Contract

Contract Name (location and description of the Work as it appears in the Contract Documents)	Project ID (from Contract Documents) Contract Number Plan Number
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General Liability Insurance

General Liability Insurer's Name		
General Liability Policy Number	Expiry Date ____ / ____ / ____ <small>year month day</small>	Limit of Liability (per occurrence)
Umbrella or Excess Liability Insurance Insurer's Name		
Umbrella or Excess Liability Insurance Policy Number (if applicable)	Expiry Date ____ / ____ / ____ <small>year month day</small>	Limit of Liability (per occurrence)
Please check the following boxes to confirm that the General Liability Policy and, if applicable, Umbrella or Excess Liability Policy Insurance contains the following required coverages or conditions:		
<input type="checkbox"/> Broad form property damage endorsement <input type="checkbox"/> Products and Completed Operations Liability <input type="checkbox"/> Non-owned automobile liability (minimum sub-limit \$2,000,000)	<input type="checkbox"/> Tenants Legal Liability, if checked provide limit: \$ _____	

Professional Liability Insurance

(Complete only if required under contract)

Professional Liability Insurer's Name		
Professional Liability Policy Number	Expiry Date ____ / ____ / ____ <small>year month day</small>	Limit of Liability (per claim)

Crime Insurance

(Complete only if required under contract)

Insurer's Name				
Policy Number	Expiry Date ____ / ____ / ____ <small>year month day</small>	Limit per Loss		
Please check the following boxes to confirm that the Crime Insurance Policy contains the following required coverages or conditions:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Covers dishonest acts of employees, directors and officers <input type="checkbox"/> Covers all monies and property entrusted by the Province to the Contractor </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Covers monies or property for which the Contractor may be liable </td> </tr> </table>			<input type="checkbox"/> Covers dishonest acts of employees, directors and officers <input type="checkbox"/> Covers all monies and property entrusted by the Province to the Contractor	<input type="checkbox"/> Covers monies or property for which the Contractor may be liable
<input type="checkbox"/> Covers dishonest acts of employees, directors and officers <input type="checkbox"/> Covers all monies and property entrusted by the Province to the Contractor	<input type="checkbox"/> Covers monies or property for which the Contractor may be liable			

Certification

The undersigned hereby certifies that:			
<ul style="list-style-type: none"> The policies described herein, subject to their terms, conditions, and exclusions, have been issued to the named insured and are in force at this time. Coverages afforded under said policies will not be cancelled including for non-payment, unless thirty (30) days advance written notice has been given to Infrastructure at the address shown on page 1 of this form and each of the policies have been endorsed to this effect. The undersigned is an authorized representative of each of the insurance companies listed herein, and has full knowledge of the facts set forth herein and believes them to be true. 			
Name of Issuing Agency			
Address of Issuing Agency			
City / Town	Province	Postal Code	Telephone No.
Name of Authorized Representative (print or type)	Signature of Authorized Representative		Date of Issue